



Montgomery County Indemnity Plan

Health Benefits Program Retirees



Effective January 1, 2006

What’s Inside? – An overview of the Medicare Indemnity Carve-Out Plan

- An Overview 2
- Medicare Indemnity Carve-Out Plan 3
- Benefits Summary 4–7
- How to File Medical Claims 8
- Understanding Your Medicare Explanation of Benefits 9
- Understanding Your CareFirst Explanation of Health Care Benefits 10
- Examples of Claims Paid After Medicare. 11
- Frequently Asked Questions 12
- Contact List 13



An Overview of the Medicare Indemnity Carve-Out Plan

CareFirst BlueCross BlueShield (CareFirst) is pleased to administer the Health Plan Option for retirees in conjunction with Montgomery County. Retirees who wish to continue their health plan must apply for Medicare Part A and Part B as soon as they are eligible for that federal benefit. After you receive Medicare coverage, Medicare becomes the primary source for payment of claims, and the CareFirst plan becomes secondary.

Retirees or their eligible dependents must submit a copy of your Medicare card to the Benefits Administration Office showing the effective date of the Part A and Part B coverage.

If you are eligible for Medicare, your primary insurer is Medicare. This means that your claims must be filed to Medicare first. If Medicare does not cover the entire cost, the balance of your medical bills should be filed to CareFirst for reimbursement. If you live in Washington, DC, Northern Virginia, Prince George's or Montgomery County in Maryland and are interested in having your

Explanation of Medicare Benefits (EOMB) sent directly to CareFirst, please call CareFirst Member Service for a Medicare Coordination of Benefits form. If you reside outside the Medicare service area, you must file your claim along with your EOMB to:

CareFirst BlueCross BlueShield
PO Box 1739
Cumberland, MD 21501

The CareFirst Member Service number is:
1-(888) 417-8385.

Please note that CareFirst will pay benefits based on Medicare's payment whether or not you are enrolled or receive benefits available under Medicare. The service must be eligible with Medicare to be eligible for benefit under the CareFirst BlueCross BlueShield plan.

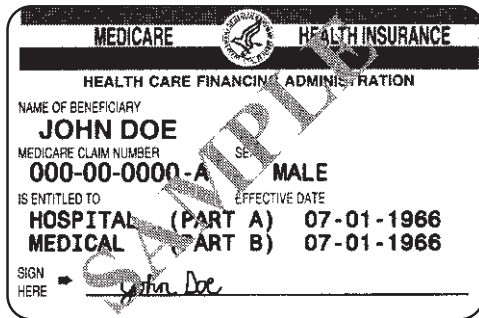
Remember to bring your Medicare ID card when you visit your physician.



The Montgomery County Medicare Indemnity Carve-Out Plan

Administered by CareFirst

The CareFirst Medicare Indemnity Carve-Out Plan offered through Montgomery County is health care coverage which will pay after Medicare. This plan requires you to have Medicare part A & B in order to receive POS benefits. When treated in a doctor's office or a hospital, always present your Medicare card and your CareFirst card.



Note: When seeking medical care, please show both your Medicare card and your CareFirst card.

When seeking medical care, you will have the least out-of-pocket costs when you are seen by a physician who accepts Medicare assignment. Please note that all physicians must submit your claims to Medicare; however, not all physicians have to accept assignment. In other words, the physician that does not accept Medicare assignment may charge you up to 15% above the Medicare allowed amount for services, also defined as the limiting amount. You may be asked to pay the bill in full at the time of service.

Once you have been seen by the physician, the claim will be submitted to Medicare. After the claim is paid, you will receive a Medicare explanation of benefits. Since CareFirst is your secondary insurance plan, the claim is then filed with us. CareFirst also sends an Explanation of Health Care Benefits (EOHB) which states the amount the provider may bill if he accepts assignment. (See "How to file claims" on page 8 for more details.) The benefit chart within this booklet will show you the type of service, and how it is paid by Medicare and CareFirst.

As a member of CareFirst, you are covered for services in Maryland, in the United States, and even outside the U.S. You are also eligible to seek alternative therapies and wellness services at a discount rate through the CareFirst Options Program. For more information about the providers and services, you may call the Option's Member Services toll free number (1-888-417-8385) or by visiting the online directory on CareFirst's web site (www.carefirst.com).

Health Benefits Summary

Medicare Pays:

Inpatient Hospital/Facility Services

Room & Board (includes maternity and birthing room charges), ICU/CCU (other special care units), and Ancillary Services (incl. nursery charges)	100% of the Medicare approved amount after inpatient deductible
Extended Care Facility/Skilled Nursing Care (medically necessary care—non custodial)	Days 1–20: 100% of the Medicare approved amount; Days 21–100: 100% of the Medicare approved amount after per day deductible

Inpatient Professional/Practitioner Services

Physician Surgical Services	80% of the Medicare approved amount after annual deductible
Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible
Consultations (including follow-visits) & Physician Visits (includes ECF)	80% of the Medicare approved amount after annual deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible

Outpatient Hospital/Facility Services

Minor/All Surgery (includes hospital based and freestanding surgical centers)	80% of the Medicare approved amount after annual deductible
Preadmission Testing	80% of the Medicare approved amount after annual deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible
Physical & Speech Therapy	80% of the Medicare approved amount after annual deductible
Occupational Therapy	80% of the Medicare approved amount after annual deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services.

Outpatient/Office Professional Services

Minor/All Surgery	80% of the Medicare approved amount after annual deductible
Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services.
Office Visit for Illness, Injury or Consultation	80% of the Medicare approved amount after annual deductible
Allergy Tests	80% of the Medicare approved amount after annual deductible
Allergy and Other Covered Injections—administration of injection	80% of the Medicare approved amount after annual deductible
Physical Therapy & Acupuncture	80% of the Medicare approved amount after annual deductible
Speech & Occupational Therapy	Speech therapy: 80% of the Medicare approved amount after annual deductible. Note: Occupational therapy limited to \$1,500 per year Speech & physical therapy limited to \$1,500 per year

Preventive/Well Care (Routine)

One Annual Adult Physical and Immunizations: Age 18 & older	80% of the Medicare approved amount after annual deductible
Annual GYN Services (includes pap smear) rendered in the office	80% of the Medicare approved amount after annual deductible. Note: Limited to one every three years and pap smear is not subject to annual deductible
Mammography Screening (Provider must be American College of Radiology [ACR] approved)	80% of the Medicare approved amount. Note: Limited to one screening annually after age 40
Prostate Cancer Screening (including PSA test)	80% of the Medicare approved amount after annual deductible. Note: Limited to one exam annually after age 50 and PSA is not subject to coinsurance or deductible

The Medicare information provided in this brochure is based on Medicare's benefit information for 2006.

Montgomery County CareFirst BlueCross BlueShield Medicare Indemnity Carve-Out Plan Pays:

100% of the inpatient deductible days 1–70. The benefit will reduce to 80% after day 70 unless there have been 90 continuous days since the discharge from the last admission.

Days 1–20: Medicare covers at 100% of the Medicare approved amount
Days 21–100: 100% of per day deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

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Note: Medicare covers clinical laboratory services at 100%—no Carefirst payment necessary

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100% of the Medicare unpaid balance including the Medicare deductible
Note: Limited to one screening annually after age 40.

100% of the Medicare unpaid balance including the Medicare deductible

Note: CareFirst will pay up to the Medicare approved amount if the provider accepts Medicare assignment. CareFirst will not pay above the limiting amount if the doctor does not accept Medicare assignment.

*1. The deductible is to be satisfied if it is a non-Medicare service.

2. 80% applies if Medicare does not cover the service. The service must fall into normal group benefits.

3. Questions regarding normal group benefits, please call Member Services at 1-888-417-8385.

Health Benefits Summary

Medicare Pays:

<i>Emergency Care</i>	
Accidental Injury/First Aid and Medical Emergency or Life Threatening Event	80% of the Medicare approved amount after annual deductible
Follow-Up Visits to an Accidental Injury or Medical Emergency	80% of the Medicare approved amount after annual deductible
<i>Ambulance</i>	
Ground (public and private)	80% of the Medicare approved amount after annual deductible
<i>Mental Health</i>	
Inpatient Hospital/Facility and Professional Services	100% of the Medicare approved amount after inpatient deductible Note: Coverage limited to 190 lifetime days.
Outpatient Facility, Professional Services	50% of the Medicare approved amount after annual deductible
<i>Prosthetic Devices & Orthopedic Braces</i>	
Purchase, repair or replacement	80% of the Medicare approved amount after annual deductible
<i>Durable Medical Equipment</i>	80% of the Medicare approved amount after annual deductible
<i>Medical Supplies</i>	80% of the Medicare approved amount after annual deductible
<i>Home Health Care</i>	
Facility/Agency	100% of the Medicare approved amount
<i>Outpatient Private Duty Nursing (non-custodial; pre-authorization required)</i>	100% of the Medicare approved amount
<i>Hospice Care (inpatient or at home; pre-authorization required)</i>	100% of the Medicare approved amount
<i>Cardiac Rehabilitation</i>	80% of the Medicare approved amount after annual deductible
<i>Organ Transplants</i>	
Kidney, Cornea, Bone Marrow	80% of the Medicare approved amount after annual deductible
Heart, Heart-Lung, Single or Double Lung, Pancreas, and Liver	80% of the Medicare approved amount after annual deductible
<i>Prescription Drugs</i>	
Outpatient prescription drugs	Check eligibility requirements with Medicare
Drugs dispensed by medical provider in office	Verify with Medicare
<i>Routine Vision</i>	Not covered
<i>Dental</i>	Not covered
<i>Additional Information</i>	
Deductible	Verify with Medicare. Deductibles change yearly
Stop Loss	Not applicable
Lifetime Maximum	Not applicable
Coinurance	Depends on services rendered

Note: This benefit matrix is intended for comparison/informational purposes and is not meant to be a binding contract. Specific benefit inquiries or quotes for benefits should be directed to the appropriate customer service department.

The Medicare information provided in this brochure is based on Medicare's benefit information for 2006.

Montgomery County CareFirst BlueCross BlueShield Medicare Carve-Out Plan Pays:

Within 72 hours—100% of the Medicare unpaid balance including the Medicare deductible
100% of the Medicare unpaid balance including the Medicare deductible
100% of the Medicare unpaid balance including the Medicare deductible
100% of inpatient deductible days 1–30. Note: Coverage limited to 30 days and renews when there are 90 days from discharge of the last admission; then 100% of Medicare unpaid balance
Visits 1–20: 52% of the Medicare unpaid balance including the Medicare deductible
Visits 21+: 50% of the Medicare unpaid balance including the Medicare deductible
100% of the Medicare unpaid balance including the Medicare deductible
100% of the Medicare unpaid balance including the Medicare deductible
100% of the Medicare unpaid balance including the Medicare deductible
Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary
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100% of the Medicare unpaid balance including the Medicare deductible
100% of the Medicare unpaid balance including the deductible
100% of the Medicare unpaid balance including the deductible
CareFirst pays 80% of covered charges, subject to the \$200 calendar year deductible
100% of the Medicare unpaid balance including the Medicare deductible
Not covered
Not covered
\$200 Major Medical deductible*
\$1,000 per calendar year
\$1,000,000 for services not covered at 100% (major medical benefits)
80% of the Plan Allowance*

Note: CareFirst will pay up to the Medicare approved amount if the provider accepts Medicare assignment. CareFirst will not pay above the limiting amount if the doctor does not accept Medicare assignment.

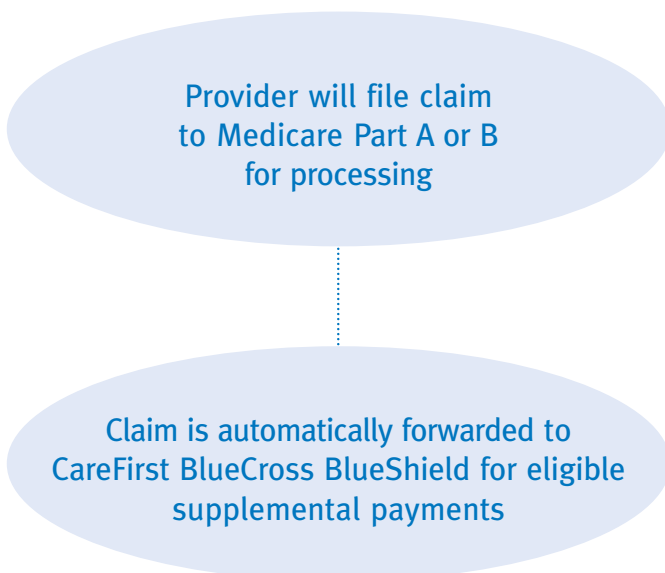
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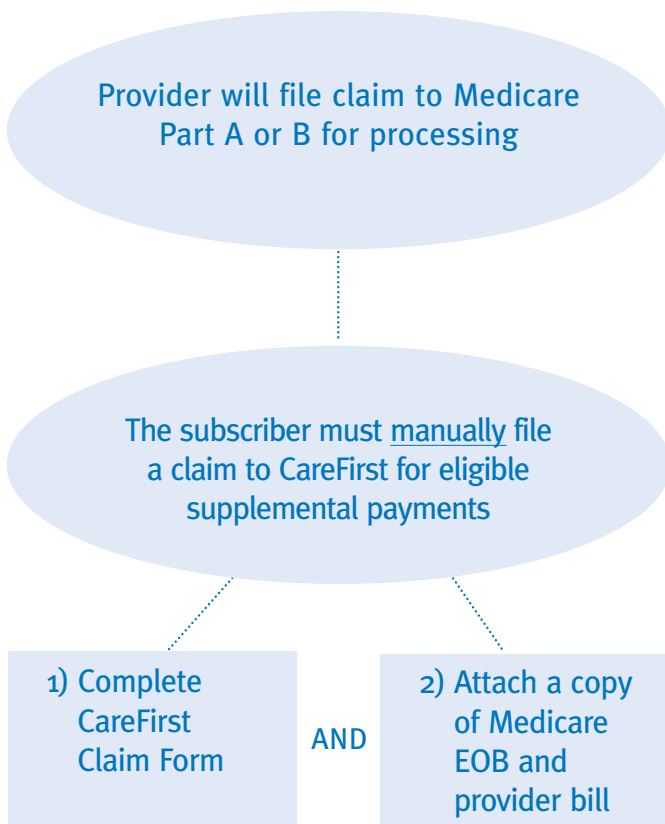
How to File Medical Claims

Care Rendered in Maryland




- If the provider accepts Medicare assignment, Medicare and CareFirst payments are sent directly to the provider.
- If provider does NOT accept Medicare assignment, the Medicare and CareFirst payments are sent directly to you.
- You will receive:
 - 1) Medicare Explanation of Benefits
 - 2) Carefirst Explanation of Health Care Benefits

Care Rendered Outside of Maryland



- If provider accepts Medicare assignment, the Medicare payment is sent to the provider, but the CareFirst payment will be sent directly to you.
- If the provider does not accept Medicare assignment, you may be asked to pay the full amount of the bill (up to 15% over Medicare's approved amount) at the time of service. The Medicare and CareFirst payments are sent directly to you.
- Once the claim is processed by Medicare, you will receive a Medicare Explanation of Benefits.
- If your provider will not file the claim with CareFirst:
 - 1) Complete a CareFirst Major Medical Claim Form
 - 2) Attach a copy of Medicare Explanation of Benefits and an itemized bill from the provider
- Once the supplemental benefit is paid by CareFirst, you will receive a CareFirst Explanation of Health Benefits with the payment.

Understanding Your Medicare Explanation of Benefits



Medicare Summary Notice

Page 1 of 2
July 1, 2000

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CUSTOMER SERVICE INFORMATION

Your Medicare Number:

If you have questions, write or call:
 Medicare Part B
 P.O. Box 5798
 Timonium, MD 21094-5798

Toll-Free: 1-800-444-4606 MD
TTY for hearing impaired: 1-800-516-6684

HELP STOP FRAUD: Be informed - Read your Medicare Summary Notice.

This is a summary of claims processed from 06/07/2000 through 06/29/2000.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 02-00147-171-950 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a
Claim number 02-00171-136-230 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a

This is an Explanation of Benefits for a resident of Maryland.

You May Be Billed

You May Be Billed:

This amount represents your deductible or coinsurance under Medicare. **Do not pay this amount to the provider at the time you receive this notice.** When you receive care in Maryland, the claim will automatically be filed to CareFirst for review and payment of eligible supplemental plan benefits.

Medicare Approved

Medicare Approved:

The amount Medicare approves for a certain service or supply. A provider who accepts Medicare assignment will accept this amount as payment in full. A provider who does not accept Medicare assignment can bill an additional 15% over this amount.

Medicare Paid Provider

Medicare Paid Provider:

The amount of the payment made by Medicare directly to the provider of care.

Understanding Your CareFirst Explanation of Health Care Benefits (EOHB)

**EXPLANATION
OF HEALTH CARE BENEFITS**

CareFirst BlueCross BlueShield

THIS IS NOT A BILL. PLEASE RETAIN FOR FUTURE REFERENCE.

PAGE 1
DATE 07/03/00

PLEASE DIRECT INQUIRIES TO:
GOVERNMENT METRO SERVICE
FOR INQUIRIES CALL: 410-581-3528
OUT OF AREA CALL: 1-800-342-4157
24 HOURS PER DAY, 7 DAYS A WEEK
DEAF ONLY WITH TTY: 410-998-7338
OR WRITE: GOVERNMENT METRO
10455 MILL RUN CIRCLE
OWINGS MILLS, MD 21117-5559

PATIENT: MEMBERSHIP#: 11P0257174342
RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER: AMERICAN RADIOLOGY SVCS RADIOLOGY
GROUP: BALTIMORE COUNTY MARYLAND

CLAIM #/ PROVIDER/ SERVICE	DATE OF SERVICE	BILLED CHARGES	REDUCTION OF BILLED CHARGES	PRIMARY PAID/ PRIMARY ALLOWED	AMOUNT ELIGIBLE HOSPITAL DIFF/DISC	COPAY/ DEDUCTIBLE	% COV	AMOUNT COVERED	YOUR SHARE OF THE COST	REMARKS
11P0257174342 AMERICAN RADIOLOGY SVCS RADIOLOGY	09/02/00	225.00		175.25	49.75		100	49.75	0.00	A B

LANA
HEALTH CARE BENEFITS
THIS IS NOT A BILL.
07/03/00

This is not a bill:

Please do not pay the "Your Share of the Cost Amount."
Wait for a bill, if any, to come to you. This is simply a statement of Health Care Benefits.

**YOUR
SHARE
OF THE
COST**

Your Share of the Cost:

The total of the coinsurance and other amounts not covered. The provider may bill for this amount.

**PRIMARY
PAID/
PRIMARY
ALLOWED**

Primary Paid/Primary Allowed:

The amount paid by Medicare or other insurance.

**AMOUNT
ELIGIBLE
HOSPITAL
DIFF/DISC**

Amount Eligible Hospital Diff/Disc:

The remaining amount to be considered by CareFirst as covered services.

Examples of How Medicare and the Medicare Indemnity Carve-Out Plan Pay Claims

Example 1: Participant Hospitalization less than 60 day stay

Hospital Billed Charges		\$5,000
Medicare Deductible		\$ 952
	(based on 2006 Medicare Deductible)	
Amount Paid by Medicare		\$4,048
Amount Paid by Medicare Indemnity Carve-Out Plan	100%	\$ 952
Services Provided by Participating Hospital		
<i>(Hospital Billed Charges less Amount Paid by Medicare)</i>		

Example 2: Inpatient Physician Expenses- Medicare Deductible of \$124 Not Met

Physician Billed Charges		\$800
Medicare Allowance		\$700
Medicare Deductible	-	\$124
		<hr/>
		\$576
Amount Paid by Medicare (80%)		\$460.80
Amount Paid by Medicare Indemnity Carve-Out Plan		
Services Provided by Participating Provider	100%	\$239.20
<i>(Medicare Allowance less Amount Paid by Medicare)</i>		

Example 3: Inpatient Physician Expenses- Medicare Deductible of \$124 Met

Physician Billed Charges		\$800
Medicare Allowance		\$700
Medicare Deductible	-	\$ 0
		<hr/>
		\$700
Amount Paid by Medicare (80%)		\$560
Amount Paid by Medicare Indemnity Carve-Out Plan		
Services Provided by Participating Provider	100%	\$140
<i>(Medicare Allowance less Amount Paid by Medicare)</i>		

Frequently Asked Questions

What is Medicare Hospital Insurance?

This is what is known as Medicare Part A. It helps pay for medically necessary inpatient care in a hospital, skilled nursing facility or psychiatric hospital and for hospice and home health care.

What is Medicare Medical Insurance?

This is Part B of Medicare. Part B helps pay for medically necessary physician services and many other medical services and supplies not covered by Part A.

I've heard the term "Accepting Assignment." What does this mean?

When a doctor accepts Medicare assignment, this means he agrees to accept the Medicare-approved amount as full payment on all Medicare claims. Some physicians accept assignment on a case-by-case basis while others sign full participation agreements with Medicare. To avoid having to pay excess charges for services, always ask your physicians and medical suppliers whether or not they accept assignment.

Are there other advantages of using physicians and suppliers who accept assignment?

Yes. **Medicare will pay their percentage of the benefit directly to the provider.** Those who do not accept assignment may collect the full amount of the bill from you. Medicare then reimburses you its share of the approved amount for the services or supplies received. **Regardless of whether your physicians and suppliers accept assignment, they must file your Medicare claim for you.**

Must I choose a Primary Care Physician (PCP)?

No. You may choose any doctor for your visit.

How much more should I expect to pay if my physician does not accept assignment?

While physicians who do not accept assignment of Medicare claims can charge more than physicians who do, there is a limit to the amount they can charge for services covered by Medicare. They can charge you only 15% more than the Medicare-approved amount and you must pay this additional charge. This is called the "limiting charge" and you do not have to pay more than this amount.

How do I determine the limiting charge for a service?

Contact the Medicare carrier for your area at the customer service number which is located on your Explanation of Medicare Benefits (EOMB). Limiting charge information also appears on the Explanation of Medicare Benefits (EOMB) generally sent to you by your Medicare carrier after you receive a Medicare-covered service. If your physician has exceeded the charge limit, contact the physician and ask for a reduction in the charge, or a refund if you have paid the bill. If you cannot resolve the issue with the physician, call your Medicare carrier.

Will I have health care coverage if I travel outside of the United States?

Medicare does not provide a benefit for care rendered outside of the United States, but your CareFirst BlueCross BlueShield Medicare Supplemental Plan will. You will need to submit an itemized bill (in English) to CareFirst BlueCross BlueShield for reimbursement.

Contact Listing for Benefits Information

Contact:

Regarding:

CareFirst BlueCross BlueShield

1-888-417-8385

www.carefirst.com

- Medical claim forms
- Claims payment or Explanation of Benefits questions
- Coverage for specific procedures
- Amount owed to provider
- Requesting duplicate ID cards

**Montgomery County Office of Human Resources,
Benefits Team**

240-777-5000

- Enrollment guidelines, costs and general benefits questions for retirees
- Changes in family status
- Changes in life insurance beneficiaries
- Questions regarding retirement deductions and/or adjustments related to employee benefits

Social Security Administration (SSA)

800-772-1213

- Change of address
- General Medicare Part A or B eligibility or premiums

Medicare Help Line

800-MEDICARE (633-4227)

www.medicare.gov

- Request new ID card
- Ordering Medicare publications
- General Medicare information

Medicare Part A & B—Maryland (Trailblazers)

800-444-4606

- Questions regarding bills and services in Maryland only
- Questions about a Medicare Explanation of Benefits statement

Policy Form Numbers:

Indemnity Procurement-1/7/98; GPS MIN PREM MCGR 10/98; MCG CERT RET 10/98; MCG CARVE 10/98 and any amendments.

Point of Service-1/7/99; GPS MIN PREM MCG 5/00; GPS MIN PREM MCG 10/98; MCG CERT 10/98 1A; MCG CERT 10/98 00A;
MCG 10/98 1A; MCG 00A 10/98; ATTB MCG 10/98 1A; ATTB MCG 00A 10/98 and any amendments.

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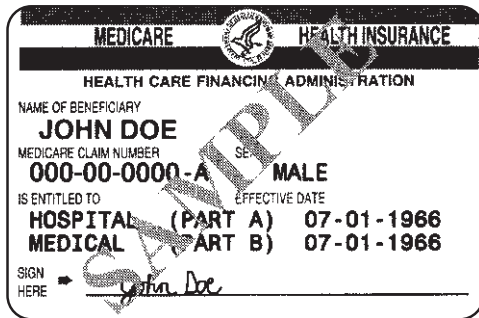
Remember to bring your Medicare ID card when you visit your physician.



The Montgomery County Medicare Supplemental Indemnity Plan

Administered by CareFirst

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Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible

Outpatient Hospital/Facility Services

Minor/All Surgery (includes hospital based and freestanding surgical centers)	80% of the Medicare approved amount after annual deductible
Preadmission Testing	80% of the Medicare approved amount after annual deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	80% of the Medicare approved amount after annual deductible
Physical & Speech Therapy	80% of the Medicare approved amount after annual deductible
Occupational Therapy	80% of the Medicare approved amount after annual deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services.

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Anesthesia, Assistant Surgeon	80% of the Medicare approved amount after annual deductible
Diagnostic Tests	80% of the Medicare approved amount after annual deductible. Note: Medicare pays 100% of the Medicare approved amount for clinical laboratory services.
Office Visit for Illness, Injury or Consultation	80% of the Medicare approved amount after annual deductible
Allergy Tests	80% of the Medicare approved amount after annual deductible
Allergy and Other Covered Injections—administration of injection	80% of the Medicare approved amount after annual deductible
Physical Therapy & Acupuncture	80% of the Medicare approved amount after annual deductible
Speech & Occupational Therapy	Speech therapy: 80% of the Medicare approved amount after annual deductible. Note: Occupational therapy limited to \$1,500 per year Speech & physical therapy limited to \$1,500 per year

Preventive/Well Care (Routine)

One Annual Adult Physical, Immunizations and Diagnostic Tests: Age 18 & older	80% of the Medicare approved amount after annual deductible
Annual GYN Services (includes pap smear) rendered in the office	80% of the Medicare approved amount after annual deductible. Note: Limited to one every three years and pap smear is not subject to annual deductible
Mammography Screening (Provider must be American College of Radiology [ACR] approved)	80% of the Medicare approved amount. Note: Limited to one screening annually after age 40
Prostate Cancer Screening (including PSA test)	80% of the Medicare approved amount after annual deductible. Note: Limited to one exam annually after age 50 and PSA is not subject to coinsurance or deductible

The Medicare information provided in this brochure is based on Medicare's benefit information for 2006.

Montgomery County CareFirst BlueCross BlueShield Medicare Supplemental Indemnity Plan Pays:

100% of the inpatient deductible days 1–70. The benefit will reduce to 80% after day 70 unless there have been 90 continuous days since the discharge from the last admission

Days 1–20: Medicare covers at 100% of the Medicare approved amount
Days 21–100: 100% of per day deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

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100% of the Medicare unpaid balance including the Medicare deductible
Note: Medicare covers clinical laboratory services at 100%—no Carefirst payment necessary

100% of the Medicare unpaid balance including the Medicare deductible

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100% of the Medicare unpaid balance including the Medicare deductible

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100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible
Once Medicare has paid \$1,500 per year, CareFirst pays nothing

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible
Note: Limited to one screening annually after age 40

100% of the Medicare unpaid balance including the Medicare deductible

Health Benefits Summary

Medicare Pays:

<i>Emergency Care</i>	
Accidental Injury/First Aid and Medical Emergency or Life Threatening Event	80% of the Medicare approved amount after annual deductible
Follow-Up Visits to an Accidental Injury or Medical Emergency	80% of the Medicare approved amount after annual deductible
<i>Ambulance</i>	
Ground (public and private)	80% of the Medicare approved amount after annual deductible
<i>Mental Health</i>	
Inpatient Hospital/Facility and Professional Services	100% of the Medicare approved amount after inpatient deductible Note: Coverage limited to 190 lifetime days.
Outpatient Facility, Professional Services	50% of the Medicare approved amount after annual deductible
<i>Prosthetic Devices & Orthopedic Braces</i>	
Purchase, repair or replacement	80% of the Medicare approved amount after annual deductible
<i>Durable Medical Equipment</i>	80% of the Medicare approved amount after annual deductible
<i>Medical Supplies</i>	80% of the Medicare approved amount after annual deductible
<i>Home Health Care</i>	
Facility/Agency	100% of the Medicare approved amount
<i>Outpatient Private Duty Nursing (non-custodial; pre-authorization required)</i>	100% of the Medicare approved amount
<i>Hospice Care (inpatient or at home; pre-authorization required)</i>	100% of the Medicare approved amount
<i>Cardiac Rehabilitation</i>	80% of the Medicare approved amount after annual deductible
<i>Organ Transplants</i>	
Kidney, Cornea, Bone Marrow	80% of the Medicare approved amount after annual deductible
Heart, Heart-Lung, Single or Double Lung, Pancreas, and Liver	80% of the Medicare approved amount after annual deductible
<i>Prescription Drugs</i>	
Outpatient prescription drugs	Check eligibility requirements with Medicare
Drugs dispensed by medical provider in office	Verify with Medicare
<i>Routine Vision</i>	Not covered
<i>Dental</i>	Not covered
<i>Additional Information</i>	
Services rendered outside of the United States	Not covered

Note: This benefit matrix is intended for comparison/informational purposes and is not meant to be a binding contract. Specific benefit inquiries or quotes for benefits should be directed to the appropriate customer service department.

The Medicare information provided in this brochure is based on Medicare's benefit information for 2006.

Montgomery County CareFirst BlueCross BlueShield Medicare Supplemental Indemnity Plan Pays:

Within 72 hours—100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of inpatient deductible days 1–30. Note: Coverage limited to 30 days and renews when there are 90 days from discharge of the last admission; then 100% of Medicare unpaid balance

Visits 1–20: 52% of the Medicare unpaid balance including the Medicare deductible

Visits 21+: 50% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the Medicare deductible

Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary

Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary

Medicare covers at 100% of the Medicare allowed amount—no CareFirst payment necessary

100% of the Medicare unpaid balance including the Medicare deductible

100% of the Medicare unpaid balance including the deductible

100% of the Medicare unpaid balance including the deductible

CareFirst pays 80% of covered charges subject to the \$25 prescription drug deductible

100% of the Medicare unpaid balance including the Medicare deductible

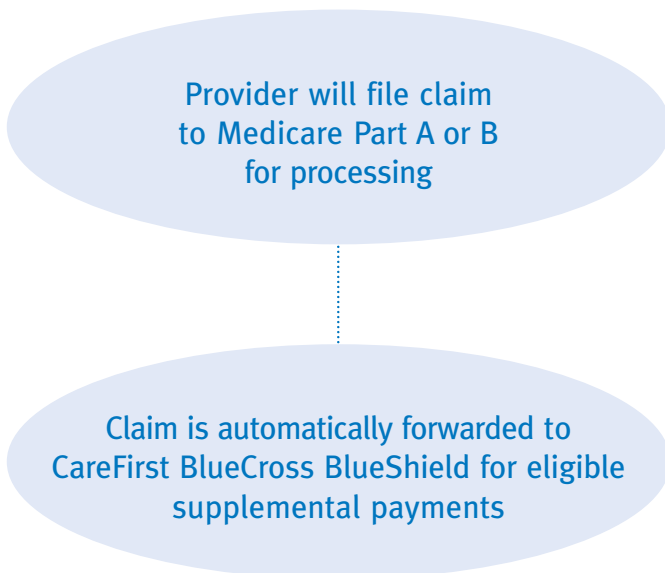
Not covered

Not covered

CareFirst pays 80% of covered charges subject to \$200 deductible

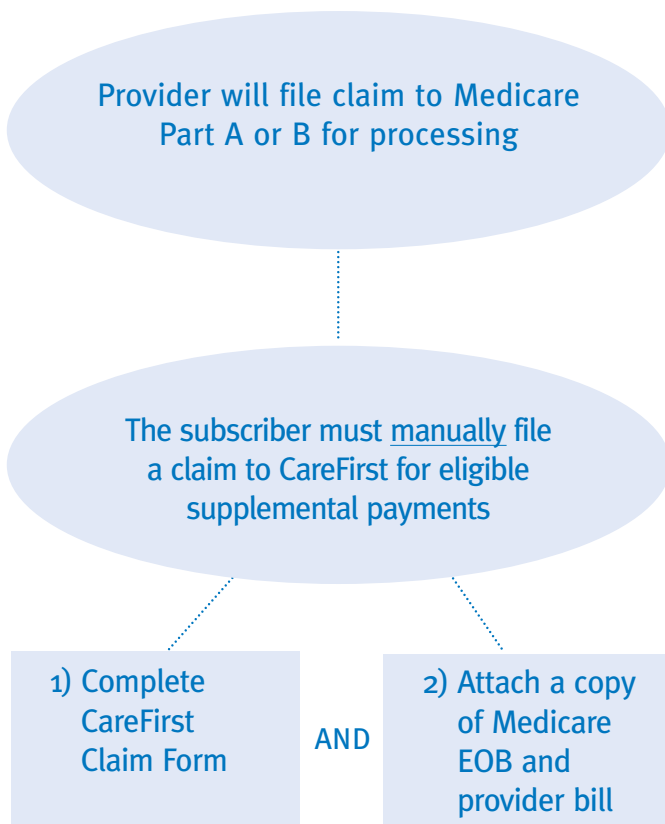
How to File Medical Claims

Care Rendered in Maryland




- If the provider accepts Medicare assignment, Medicare and CareFirst payments are sent directly to the provider.
- If provider does NOT accept Medicare assignment, the Medicare and CareFirst payments are sent directly to you.
- You will receive:
 - 1) Medicare Explanation of Benefits
 - 2) Carefirst Explanation of Health Care Benefits

Care Rendered Outside of Maryland



- If provider accepts Medicare assignment, the Medicare payment is sent to the provider, but the CareFirst payment will be sent directly to you.
- If the provider does not accept Medicare assignment, you may be asked to pay the full amount of the bill (up to 15% over Medicare's approved amount) at the time of service. The Medicare and CareFirst payments are sent directly to you.
- Once the claim is processed by Medicare, you will receive a Medicare Explanation of Benefits.
- If your provider will not file the claim with CareFirst:
 - 1) Complete a CareFirst Major Medical Claim Form
 - 2) Attach a copy of Medicare Explanation of Benefits and an itemized bill from the provider
- Once the supplemental benefit is paid by CareFirst, you will receive a CareFirst Explanation of Health Benefits with the payment.

Understanding Your Medicare Explanation of Benefits



Medicare Summary Notice

322727148
Page 1 of 2
July 1, 2000

CUSTOMER SERVICE INFORMATION

Your Medicare Number:

If you have questions, write or call:
 Medicare Part B
 P.O. Box 5798
 Timonium, MD 21094-5798

Toll-Free: 1-800-444-4606 MD
 TTY for hearing impaired: 1-800-516-6684

HELP STOP FRAUD: Be informed - Read your Medicare Summary Notice.

This is a summary of claims processed from 06/07/2000 through 06/29/2000.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 02-00147-171-950 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a
Claim number 02-00171-136-230 Johns Hopkins Bayview, Po Box 630748, Baltimore, MD 21263-0748 Dr. Christmas, Colleen M.D.						
	1 Office/outpatient visit, est (99213)	\$57.00	\$48.63	\$38.90	\$9.73	a

This is an Explanation of Benefits for a resident of Maryland.

You May Be Billed

You May Be Billed:

This amount represents your deductible or coinsurance under Medicare. **Do not pay this amount to the provider at the time you receive this notice.** When you receive care in Maryland, the claim will automatically be filed to CareFirst for review and payment of eligible supplemental plan benefits.

Medicare Approved

Medicare Approved:

The amount Medicare approves for a certain service or supply. A provider who accepts Medicare assignment will accept this amount as payment in full. A provider who does not accept Medicare assignment can bill an additional 15% over this amount.


Medicare Paid Provider

Medicare Paid Provider:

The amount of the payment made by Medicare directly to the provider of care.

Understanding Your CareFirst Explanation of Health Care Benefits (EOHB)

**EXPLANATION
OF HEALTH CARE BENEFITS**

CareFirst 
BlueCross BlueShield

THIS IS NOT A BILL. PLEASE RETAIN FOR FUTURE REFERENCE.

PAGE 1
DATE 07/03/00

PLEASE DIRECT INQUIRIES TO:
GOVERNMENT METRO SERVICE
FOR INQUIRIES CALL: 410-581-3528
OUT OF AREA CALL: 1-800-342-4157
24 HOURS PER DAY, 7 DAYS A WEEK
DEAF ONLY WITH TTY: 410-998-7338
OR WRITE: GOVERNMENT METRO
10455 MILL RUN CIRCLE
OWINGS MILLS, MD 21117-5559

PATIENT:
RELATIONSHIP TO SUBSCRIBER:

MEMBERSHIP#:
SUBSCRIBER:
GROUP: BALTIMORE COUNTY MARYLAND

CLAIM #/ PROVIDER/ SERVICE	DATE OF SERVICE	BILLED CHARGES	REDUCTION OF BILLED CHARGES	PRIMARY PAID/ PRIMARY ALLOWED	AMOUNT ELIGIBLE HOSPITAL DIFF/DISC	COPAY/ DEDUCTIBLE COV	% AMOUNT COVERED	YOUR SHARE OF THE COST	AMOUNT PAID BY INSURANCE
11P0257174341 AMERICAN RADIOLOGY SVCS RADIOLOGY	09/02/00	225.00		175.25	49.75	100	49.75	0.00	175.25

LANA
HEALTH CARE BENEFITS
THIS IS NOT A BILL.
07/03/00

This is not a bill:

Please do not pay the "Your Share of the Cost Amount."
Wait for a bill, if any, to come to you. This is simply a statement of Health Care Benefits.

**YOUR
SHARE
OF THE
COST**

Your Share of the Cost:

The total of the coinsurance and other amounts not covered. The provider may bill for this amount.

**PRIMARY
PAID/
PRIMARY
ALLOWED**

Primary Paid/Primary Allowed:

The amount paid by Medicare or other insurance.

**AMOUNT
ELIGIBLE
HOSPITAL
DIFF/DISC**

Amount Eligible Hospital Diff/Disc:

The remaining amount to be considered by CareFirst as covered services.

Examples of How Medicare and the Medicare Supplemental Indemnity Plan Pay Claims

Example 1: Participant Hospitalization less than 60 day stay

Hospital Billed Charges		\$5,000
Medicare Deductible		\$ 952
	(based on 2006 Medicare Deductible)	
Amount Paid by Medicare		\$4,048
Amount Paid by Medicare Supplemental Indemnity Plan	100%	\$ 952
Services Provided by Participating Hospital		
<i>(Hospital Billed Charges less Amount Paid by Medicare)</i>		

Example 2: Inpatient Physician Expenses- Medicare Deductible of \$124 Not Met

Physician Billed Charges		\$800
Medicare Allowance		\$700
Medicare Deductible	-	\$124
		\$576
Amount Paid by Medicare (80%)		\$460.80
Amount Paid by Medicare Supplemental Indemnity Plan		
Services Provided by Participating Provider	100%	\$239.20
<i>(Medicare Allowance less Amount Paid by Medicare)</i>		

Example 3: Inpatient Physician Expenses- Medicare Deductible of \$124 Met

Physician Billed Charges		\$800
Medicare Allowance		\$700
Medicare Deductible	-	\$ 0
		\$700
Amount Paid by Medicare (80%)		\$560
Amount Paid by Medicare Supplemental Indemnity Plan		
Services Provided by Participating Provider	100%	\$140
<i>(Medicare Allowance less Amount Paid by Medicare)</i>		

Frequently Asked Questions

What is Medicare Hospital Insurance?

This is what is known as Medicare Part A. It helps pay for medically necessary inpatient care in a hospital, skilled nursing facility or psychiatric hospital and for hospice and home health care.

What is Medicare Medical Insurance?

This is Part B of Medicare. Part B helps pay for medically necessary physician services and many other medical services and supplies not covered by Part A.

I've heard the term "Accepting Assignment." What does this mean?

When a doctor accepts Medicare assignment, this means he agrees to accept the Medicare-approved amount as full payment on all Medicare claims. Some physicians accept assignment on a case-by-case basis while others sign full participation agreements with Medicare. To avoid having to pay excess charges for services, always ask your physicians and medical suppliers whether or not they accept assignment.

Are there other advantages of using physicians and suppliers who accept assignment?

Yes. **Medicare will pay their percentage of the benefit directly to the provider.** Those who do not accept assignment may collect the full amount of the bill from you. Medicare then reimburses you its share of the approved amount for the services or supplies received. **Regardless of whether your physicians and suppliers accept assignment, they must file your Medicare claim for you.**

Must I choose a Primary Care Physician (PCP)?

No. You may choose any doctor for your visit.

How much more should I expect to pay if my physician does not accept assignment?

While physicians who do not accept assignment of Medicare claims can charge more than physicians who do, there is a limit to the amount they can charge for services covered by Medicare. They can charge you only 15% more than the Medicare-approved amount and you must pay this additional charge. This is called the "limiting charge" and you do not have to pay more than this amount.

How do I determine the limiting charge for a service?

Contact the Medicare carrier for your area at the customer service number which is located on your Explanation of Medicare Benefits (EOMB). Limiting charge information also appears on the Explanation of Medicare Benefits (EOMB) generally sent to you by your Medicare carrier after you receive a Medicare-covered service. If your physician has exceeded the charge limit, contact the physician and ask for a reduction in the charge, or a refund if you have paid the bill. If you cannot resolve the issue with the physician, call your Medicare carrier.

Will I have health care coverage if I travel outside of the United States?

Medicare does not provide a benefit for care rendered outside of the United States, but your CareFirst BlueCross BlueShield Medicare Supplemental Plan will. You will need to submit an itemized bill (in English) to CareFirst BlueCross BlueShield for reimbursement.

Contact Listing for Benefits Information

Contact:

Regarding:

CareFirst BlueCross BlueShield

1-888-417-8385

www.carefirst.com

- Medical claim forms
- Claims payment or Explanation of Benefits questions
- Coverage for specific procedures
- Amount owed to provider
- Requesting duplicate ID cards

**Montgomery County Office of Human Resources,
Benefits Team**

240-777-5000

- Enrollment guidelines, costs and general benefits questions for retirees
- Changes in family status
- Changes in life insurance beneficiaries
- Questions regarding retirement deductions and/or adjustments related to employee benefits

Social Security Administration (SSA)

800-772-1213

- Change of address
- General Medicare Part A or B eligibility or premiums

Medicare Help Line

800-MEDICARE (633-4227)

www.medicare.gov

- Request new ID card
- Ordering Medicare publications
- General Medicare information

Medicare Part A & B—Maryland (Trailblazers)

800-444-4606

- Questions regarding bills and services in Maryland only
- Questions about a Medicare Explanation of Benefits statement

Policy Form Numbers:

Indemnity Procurement-1/7/98; GPS MIN PREM MCGR 10/98; MCG CERT RET 10/98; MCG CARVE 10/98 and any amendments.

Point of Service-1/7/99; GPS MIN PREM MCG 5/00; GPS MIN PREM MCG 10/98; MCG CERT 10/98 1A; MCG CERT 10/98 00A;
MCG 10/98 1A; MCG 00A 10/98; ATTB MCG 10/98 1A; ATTB MCG 00A 10/98 and any amendments.

Health Information on the Internet

Visit our own online, interactive guide to health topics. Called *My Care First*, this site offers information on nutrition, fitness, chronic illnesses, stress, mental health and much more. You'll also find support if you're trying to lose weight, quit smoking or manage your chronic illness. *My Care First* covers the latest developments in medicine and health. Check it out at www.carefirst.com to learn how you can maintain a healthier lifestyle.



Options Discount Program

CareFirst's Options program provides you with discounts on laser vision correction, Beltone hearing aids, fitness centers and mail order contact lenses, as well as alternative therapies such as acupuncture, massage therapy and chiropractic care.



You can also save \$10 on a 3-month subscription to Weight Watchers® Online when you sign up through www.carefirst.com. Weight Watchers®

Online provides a set of personalized tools to help you stay on track. Set up your own Online Journal, meal Planner, Weight tracker, and Progress Charts, and search a database of over 800 Weight Watchers® recipes, and calculate points for your own foods and meals. Options is not a covered benefit under your health plan, but rather a way for you to access health and wellness practitioners at discounted rates. To find out more, visit www.carefirst.com.

Online access through My Account

CareFirst is pleased to introduce *My Account*, a Web site that allows you to directly access your health benefit information online. So now, you can obtain answers to many questions regarding your health insurance coverage and costs, including your date of eligibility, who is included on your policy and the status of your current and previous claims, as well as your current deductible and maximums — all conveniently online. Visit www.carefirst.com/myaccount to register.





840 First Street, NE
Washington, DC 20065

www.carefirst.com

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